

## **Pregnancy Maintenance Initiative (PMI)**

### **Program Purpose:**

To provide case management services to women which enable them to carry their pregnancies to term.

PMI services shall incorporate an integrated, collaborative and multi-disciplinary provider approach for the provision of comprehensive pregnancy services and for six months post-delivery.

PMI services may not include performing, promoting, referring for, or educating in favor of abortion.

For more information on program goals, guidance, reporting requirements, refer to the [Pregnancy Maintenance Initiative Manual](#).

### **Specific Program Information:**

- The KDHE PMI Manual must be used in the development of the PMI grantee's policy manual.
- The local grantee must use evidence-based practices, including the development of a birth plan, in their work with pregnant women.
- All required client and visit data must be collected and entered into the web-based shared measurement system, DAISEY by the 10<sup>th</sup> of each month. Access to necessary equipment and secure internet service is required.
- The local grantee must develop and implement a program evaluation process that utilizes client satisfaction responses and community needs assessment information to assess the program and results in improvements or changes to services based on feedback.
- The local grantee must engage in public awareness activities and develop a referral network.
- The local grantee must create and maintain a functioning advisory group.
- At least one person from your agency is required to attend annual meeting and/or technical assistance sessions provided by KDHE staff.
- The PMI Program Staff from your agency will participate in any scheduled site visits provided by KDHE.

### **Eligible Applicants:**

Not-for-Profit Organizations

### **Funding:**

Grants will be awarded annually on a competitive basis. Grants are subject to availability of funds. A local match of one dollar for each State dollar awarded is required. No part of the grant money shall be used for any political purposes. Priority is given to continue funding of local agencies that consistently meet contract objectives, reporting requirements and participate in yearly education updates.

### **Reporting Requirements:**

**Quarterly** – Submit in Catalyst by October 15, January 15, April 15 and July 15:

- Financial Status Report
- Quarterly Progress Report

PMI Reporting Schedule			
Quarters	Grant Reporting Period	Due Date	Form Due
1	7/1 to 9/30	October 15	<ul style="list-style-type: none"> <li>Financial Status Report</li> <li>PMI Quarterly Progress Report</li> </ul>
2	10/1 to 12/31	January 15	<ul style="list-style-type: none"> <li>Financial Status Report</li> <li>PMI Quarterly Progress Report</li> </ul>
3	1/1 to 3/31	April 15	<ul style="list-style-type: none"> <li>Financial Status Report</li> <li>PMI Quarterly Progress Report</li> </ul>
4	4/1 to 6/30	July 15	<ul style="list-style-type: none"> <li>Financial Status Report</li> <li>PMI Quarterly Progress Report</li> </ul>

### To Request Funds/Apply:

To apply for funding, fill out an application in Catalyst ([www.catalystserver.com](http://www.catalystserver.com)). New applicants can request to be set up in Catalyst and receive a username and password by contacting: [support@shpr.org](mailto:support@shpr.org)

New Applicants: Before starting your application, please complete the following training courses on Kansas TRAIN ([ks.train.org](http://ks.train.org)):

- Catalyst Training 1: Catalyst Navigation (Course #1054439)
- Catalyst Training 2: Application Process Overview in Catalyst (Course #1054483)
- Catalyst Training 3: Application Management in Catalyst (Course #1054567)
- Catalyst Training 4: Applying for Funding Announcement(s) in Catalyst (Course #1054672)

Applications are available on January 15, 2017 and are due on March 15, 2017.

### Application Attachments:

A.1 - Attach proof of Non-Profit Status (501(c)(3))

Name the attachment [Applicant Agency Name] Non-Profit Status

A.1 - Attach an Organizational Chart

Name the attachment [Applicant Agency Name] Organizational Chart

A.2.1.1 - Attach a Client Satisfaction Survey

Name the attachment [Applicant Agency Name] Client Satisfaction Survey

B.1.1 – Attach a signed DAISEY Terms of Use Agreement for FY 2018

Name the attachment [applicant Agency Name) DAISEY Terms of Use Agreement

### Program Contact:

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